

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889567** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	4			1		
8	1		1			
9	1					
10	2	2	1			
11	2	2	1			
12	2	2	1			
13	2	2	1			
14	1		1			
15	1					
16	2		1			
17	2		1			
18	2		1			
19	2		1			
20	2		1			
21	1		1			
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23	2		1			
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25	2		1			
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28	1		1			
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50						
TOTAL IND.			5			
TOTAL DEP.				2		
TOTAL CLAIMS			20	5		

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